STATE ADDITION SEE DEVERYNATION DECO								Application of Docket Number										
PATENT APPLICATION FEE DETERMINATION RECOR Eff clive October 1, 2003									10/10990									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	MITTY	OR	OTHER SMALL							
TC	TAL CLAIMS		16		·		. 1	RATE	FEE	1	RATE	FEE						
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00						
TOTAL CHARGEABLE CLAIMS			10 minus 20=		• 0			X\$ 9=		OR	X\$18=							
INDEPENDENT CLAIMS			2 minus 3 =		· 6,			X43=		OR	X86≈							
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=			+290=							
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	790						
CLAIMS AS AMENDED - PART II OTHER T																		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL							
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
AMENDMENT	Total	. 12	Minus	•	TO	2		X\$ 9=		OR	X\$18=	100						
ME	independent	. 6	Minus	*** (3	+		X43=		OR	.X86≃	XCD						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 1						!	+145=			+290=							
ONO .								TOTAL		OR	TOTAL	() CF						
3/0/1								ADDIT FEE	L	OR	ADDIT. FEE	711						
	71 200%	(Column 1) (Column 2) (Column 3)																
AMENDMENT 8		REMAINING AFTER AMENDMENT	·	NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
NON NO	Total	•15	Minus	-2	2	• O		X\$ 9=		OFI	X\$18=	0						
AME	Independent	• 7	Minus	<u>~ 7</u>	- Alba	•0		X43=		OR	X86=	O						
Ч	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+145=	•	OR	·+290=	0						
	•						L	TOTAL		OR	TOTAL ADDIT, FEE	9						
ADDIT. FEE											ADD11. FEE							
	`	CLAIMS		HIGH	EST		lr		ADDI-	1 1		ADDI-						
2		REMAINING AFTER		NUM PREVIO		PRESENT	1 1	RATE	TIONAL		RATE	TIONAL						
AMENDMENT C		AMENDMENT		PAID		EXTRA	ı	IVIIE	FEE	HAIE	FEE							
	Total	•	Minus			•	1	X\$ 9=	, , , ,	OR	X\$18=	1						
Ŝ	Independent	• _	Minus	480		•	1 .	X43=			X86=							
٩	FIRST PRESE	NTATION OF MI	JUTIPLE DE	ENDENT	CLAIM		ŀŀ	~~3=		OR	V00±							
+145= OR +290=																		
		mn 1 is less than th mber Previously Pa					•	TOTAL	•	OR	TOTAL							
-	If the "Highest Nu	mber Proviously Pa	dd For IN TH	S SPACE	s less the	n 3, enter "3."	_	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										